



(check one)

DECLARATION AND POWER OF ATTORNEY FOR ORIGINAL U.S. PATENT APPLICATION

Attorney's Docket No. KLA1P018

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

1. is attached hereto.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: OVERLAY MARKS, METHODS OF OVERLAY MARK DESIGN AND METHODS OF OVERLAY MEASUREMENTS the specification of which,

	U.S. Application No	June 27, 2001 09/894,987	
	International PCT App	olication No.	
I hereby state that I have amended by any amendme		contents of the above-identified	specification, including the claims, as
I acknowledge the duty to 37, CFR § 1.56.	disclose information which is n	naterial to the patentability of the	his application in accordance with Title
Prior Foreign Applicatio	n(s)		
for patent or inventor's ce than the United States, li	ertificate, or § 365(a) of any PC isted below and have identified	T International application which below, by checking the box,	r § 365(b) of any foreign application(s) ch designated at least one country other any foreign application for patent or of the application on which priority is Priority Benefits Claimed? Yes No
(Application No.)	(Country)	(Filing Date)	
			Yes No
(Application No.)	(Country)	(Filing Date)	
Provisional Application(s)		
I hereby claim the benefit	under 35 U.S.C. §119(e) of any U	United States provisional applica	ation(s) listed below:
60/229,256	08/30/00		•
(Application No.)	(Filing Date)		
(Application No.)			

Atty. Dkt. No.: KLA1P018

Prior U.S. Application(s)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application No.)	(Filing Date)	(Status - patented, pending, abandoned)
(Application No.)	(Filing Date)	(Status - patented, pending, abandoned)

Power of Attorney

And I hereby appoint the law firm of Beyer Weaver & Thomas, LLP and all practitioners who are associated with the Customer Number 022434 as my principal attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Direct Correspondence To:

Customer Number: 022434
BEYER WEAVER & THOMAS, LLP
P.O. Box 778
Berkeley, CA 94704-0778

22434

PATENT AND TRADEMARK OFFICE

Direct Telephone Calls To:

Quin C. Hoellwarth at telephone number (650) 961-8300

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Typewritten Full Name of Sole or First Inventor:	Mark Ghinovker	Citizenship:	ISRAEL	
Inventor's signature:		Date of Signature:	<u> </u>	_
Residence: (City)	Migdal Haemek	(State/Country)	ISRAEL	
Post Office Address:	812/22 Shalom Aleichem Street, Migd	lal Haemek, 10500 ISRAEL		
Second Inventor:	Michael Adel	Citizenship:	ISRAEL	
Inventor's signature:		Date of Signature:		
Residence: (City)	Zichron Ya'akov	(State/Country)	ISRAEL	
Post Office Address:	14 Yigal Alon Atreet, Zichron Ya'ako	v, 30900 ISRAEL		

Atty. Dkt. No.: KLA1P018

(Revised 03/00)

LA IPUI8

Third Inventor:		Walter Dean Mieher	Citizenship: USA	
Inventor's signa	ture:	Walter Dan Miches	Date of Signature: Igh 21, 2001	<u>/</u>
Residence:	(City)	Santa Clara	(State/Country) <u>CA/US</u>	_
Post Office Addr	ess.	1750 Nantucket Circle #332, Santa Cla	ara. CA 95054	

Atty. Dkt. No.: KLA1P018





(check one)

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	International PCT A	pplication No	
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Prior Foreign Application	on(s)		
			r § 365(b) of any foreign application(s)
than the United States, I	isted below and have identif	ied below, by checking the box,	ch designated at least one country other any foreign application for patent or of the application on which priority is
than the United States, I inventor's certificate, or	isted below and have identif	ied below, by checking the box,	any foreign application for patent or of the application on which priority is Priority Benefits Claimed?
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than the United States, inventor's certificate, or claimed:	isted below and have identif PCT International application	ied below, by checking the box, having a filing date before that	any foreign application for patent or of the application on which priority is Priority Benefits Claimed? Yes No
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Power of Attorney

And I hereby appoint the law firm of **Beyer Weaver & Thomas**, **LLP** and all practitioners who are associated with the Customer Number 022434 as my principal attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

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Typewritten Full Name of			
Sole or First Inventor:	Mark Ghinovker	Citizenship:	ISRAEL
Inventor's signature:	- Ml	Date of Signature	: Sep. 11-2001
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Second Inventor:	Michael Adel	Citizenship:	ISRAEL GA
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Residence: (City)	Zichron Ya'akov	(State/Country) _	ISRAEL
Post Office Address:	14 Vigal Alon Atreet Zichron Va'akov 3	NOON ISPAFI	

Atty. Dkt. No.: KLA1P018

Third Inventor:		Walter Dean Mieher	Citizenship:	USA	
Inventor's sign	ature:		Date of Signature:		
Residence:	(City)	Santa Clara	(State/Country) _	CA/US	
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